



**COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE
STATE ATHLETIC COMMISSION**

PLEASE SUBMIT APPLICATION TO:
1 ASHBURTON PLACE, RM. 1301 BOSTON, MASSACHUSETTS 02108

APPLICATION FOR FIGHTER'S LICENSE

(Please Type or Print Legibly)
(Illegible or incomplete applications will not be accepted)

Please check sport which you are seeking Licensure:

☐ MUAY THAI

☐ PROFESSIONAL

☐ PROFESSIONAL ☐ AMATEUR

☐ AMATEUR

BACKGROUND INFORMATION

NAME _____
First Middle Initial Last

ADDRESS _____
Street City State Zip

DAYTIME TELEPHONE # (_____) _____ SOCIAL SECURITY # _____

DATE OF BIRTH ____/____/____ PLACE OF BIRTH _____

E-MAIL ADDRESS _____ OCCUPATION _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____
Street City State Zip

EMPLOYER'S TELEPHONE # (_____) _____

HEIGHT _____ PRESENT WEIGHT _____

AMATEUR RECORD _____ PROFESSIONAL RECORD _____

NAME AND ADDRESS OF TRAINER _____

DO YOU PRESENTLY SUFFER FROM ANY KNOWN MEDICAL CONDITION THAT WOULD MAKE IT UNSAFE FOR YOU
TO ENGAGE IN AN UNARMED COMBATIVE SPORTING EVENT? ☐ YES ☐ NO

HAVE YOU EVER BEEN HOSPITALIZED DUE TO AN UNARMED COMBAT RELATED INJURY? IF YES, PLEASE ATTACH
A WRITTEN EXPLANATION. ☐ YES ☐ NO

THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION

(Check box indicating compliance):

- ☐ **\$25.00** Fee for professional fighters only – One Day License made payable to the Commonwealth (check or money order only) (**no fee required for amateur fighters**)
- ☐ One passport photograph (2" x 2" in size) of the applicant's head (without headwear) **FOR NON-RESIDENTS**
- ☐ Copy of a government issued photo identification (e.g. - driver's license)
- ☐ Licensed Trainer Attestation
- ☐ Medicals

The following are the medical documents required for licensure; all to be signed "fit to fight" by the examining physician:

Brain Catscan or Brain MRI –within 5 years

Physical – within 1 year

EKG – within 5 years

Dilated Eye Exam – within 1 year

Blood – within 1 year (Hep B Surface Antigen, Hep C Antibody, and HIV)

- ☐ Participant is required to have a Federal ID for their respective form of unarmed combat, \$10.00 Fee required made payable to the Commonwealth (check or money order only)

AUTHORIZATION FOR RELEASE OF RMV INFORMATION – FOR MA RESIDENTS

My signature below authorizes the Office of Public Safety and Inspections to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

MA- RMV photo release signature

ATTESTATION

I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law.

Signature of applicant

Date

FOR COMMISSION USE ONLY

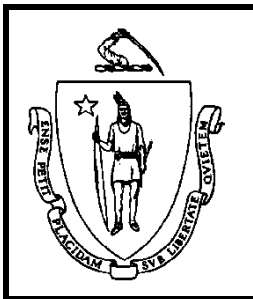
DATE OF COMMISSION REVIEW: _____

APPROVED _____ **DENIED** _____

DATE LICENSE MAILED: _____

REASON FOR DENIAL: _____





**COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE
DEPARTMENT OF PUBLIC SAFETY
STATE ATHLETIC COMMISSION**

PLEASE SUBMIT APPLICATION TO:
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TRAINER ATTESTATION SIGN-OFF

FIGHTER INFORMATION

NAME OF FIGHTER: _____

AMATEUR RECORD: _____ PROFESSIONAL RECORD: _____

NAME AND ADDRESS OF TRAINER: _____

(FOR MMA FIGHTERS) TEAM: _____

NAME AND ADDRESS OF MANAGER (IF ANY): _____

SPORT FOR WHICH YOU ARE SEEKING LICENSURE: ☐ BOXING ☐ MMA ☐ MUAY THAI

DISCIPLINE: _____

EXPERIENCE

AMATEUR RECORD: _____ ☐ ATTACH RESULTS LIST OF ALL AMATEUR FIGHTS

PROFESSIONAL RECORD: _____ ☐ ATTACH RESULTS LIST OF ALL PRO FIGHTS

OTHER STATES IN WHICH YOU HAVE BEEN LICENSED: _____

LENGTH OF TRAINING PERIOD FOR PRESENT MATCH: _____

ATTESTATION

LICENSED TRAINER WITH PERSONAL KNOWLEDGE MUST ATTEST AS TO THE FITNESS OF THE FIGHTER TO PARTICIPATE IN A MATCH BY COMPLETING THE SECTION BELOW.

FIGHTER'S NAME: _____

I, _____, HEREBY SWEAR OR ATTEST UNDER THE PAINS AND PENALTIES OF PERJURY THAT IN MY OPINION THE ABOVE NAMED FIGHTER HAS THE NECESSARY SKILLS AND IS OTHERWISE FIT TO COMPETE IN A PROFESSIONAL _____ MATCH.

(INSERT SPORT)

-RELATIONSHIP TO FIGHTER: **TRAINER**

-MA TRAINER'S LICENSE#: _____

-LENGTH OF TIME KNOWN FIGHTER: _____

-PHONE #: (____) _____

-EMAIL: _____

-ADDRESS: _____

SIGNATURE

DATE

